

2006 Employee Health Plan Rate Table

HEALTH PLAN AND ENROLLMENT STATUS	FULL TIME EMPLOYEES			PART TIME EMPLOYEES	
	MONTHLY	MONTHLY	EMPLOYEE	MONTHLY	EMPLOYEE
	RATE	COUNTY COST	BIWEEKLY DEDUCTION	COUNTY COST	BIWEEKLY DEDUCTION
PREMIER WELLWISE*					
EMPLOYEE ONLY	\$680.51	\$667.32	\$15.70	\$350.67	\$161.85
EMPLOYEE / 1 DEPENDENT	\$1,197.69	\$935.77	\$138.20	\$463.20	\$356.30
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$1,687.66	\$1,311.58	\$194.73	\$650.06	\$500.05
PREMIER SHAREWELL**					
EMPLOYEE ONLY	\$214.98	\$284.00	(\$31.86)	\$214.98	\$0.00
EMPLOYEE / 1 DEPENDENT	\$353.08	\$411.74	(\$27.07)	\$132.41	\$101.85
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$455.95	\$505.81	(\$23.01)	\$170.98	\$131.52
KAISER					
EMPLOYEE ONLY	\$285.44	\$271.17	\$6.59	\$142.72	\$65.87
EMPLOYEE / 1 DEPENDENT	\$570.88	\$428.16	\$65.87	\$214.08	\$164.68
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$807.79	\$605.84	\$93.21	\$302.92	\$233.02
CIGNA PRIVATE PRACTICE					
EMPLOYEE ONLY	\$316.48	\$300.66	\$7.30	\$158.24	\$73.03
EMPLOYEE / 1 DEPENDENT	\$625.53	\$469.15	\$72.18	\$234.57	\$180.44
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$870.36	\$652.77	\$100.43	\$326.39	\$251.07
* County cost includes Wellwise incentive					
** County cost includes Sharewell credits (bi-weekly pay credits instead of deductions)			(Effective every pay period beginning with pay period 01, 2006, January 13, 2006)		